

Annex A: The Human Rights of Older Women in Southeast Asia

Inputs of the International Longevity Centre (ILC) Singapore, an initiative of the Tsao Foundation, to the Call for Contributions on the Human Rights of Older Women

Introduction

The International Longevity Centre (ILC) Singapore, an initiative of the Tsao Foundation¹, submits this written inputs to the Call for Contributions on the Human Rights of Older Women for the purpose of informing the Independent Expert's forthcoming report to the 76th session of the General Assembly. This submission highlights the intersection between ageing and gender and the specific human rights concerns and challenges faced by older women in Southeast Asia.

In this submission, ILC-Singapore draws from regional laws and policies, data, reports, researches, and studies from external sources (national government agencies, non-government organizations, media, and educational institutions), and outcome documents from relevant regional forums on ageing and gender.

By submitting this input, ILC-Singapore is committing to support the advocacy of the International Longevity Centre Global Alliance (ILC Global Alliance) for an international binding instrument that will define the normative elements of human rights in older age and outline the duties and responsibilities of States to protect, respect, and fulfil these rights, especially that of older women.

ILC-Singapore initiatives on Gender and Ageing

ILC-Singapore organised the first regional meeting on the financial security of older women in East and Southeast Asia. The meeting culminated in the formation of a Regional Learning Network which brought together NGOs, policy think tanks and international organizations and leading academics, from 10 countries in ASEAN Plus 3 (ASEAN and China, Japan, and Korea), to pledge action on promoting financial security among older women.

In 2018, it launched the first comparative study to assess older women's financial security from a life-course perspective in Indonesia, Malaysia, Myanmar, Philippines, Singapore, and Thailand. It also catalysed the formation of the Singapore Alliance for Women in Ageing (SAWA) with Tsao Foundation, the Association of Women for Action and Research (AWARE), the Singapore Muslim Women's Association and Singapore Council of Women's Organisation (SCWO).

In 2020, in partnership with HelpAge International, ILC-Singapore started to catalyse gender and ageing mainstream project to promote older women's financial security ([Pro-Older Women Project](#)) in Thailand and the Philippines, with plans to share this to project with other ASEAN countries.

Tsao Foundation continues to be an active partner of the ASEAN in promoting gender-responsive and a life-course approach, towards a dignified old age in the region.

The ILC-Singapore also chairs the ILC Global Alliance Committee on Gender and Ageing.

¹ Based in Singapore but regionally oriented, Tsao Foundation seeks mindset and systemic change to positively transform experiences of ageing and opportunities associated with longevity. This is through a focus on implementing innovative models of community-based care, training and education, policy-relevant research, collaboration and advocacy.

Southeast Asia

Demographic overview:

Home to nearly 74.5 million older persons (60 years old and above) in 2020, the population of older persons in Southeast Asia is projected to increase 2.4 times by 2050, reaching 176 million.² Between 2020 and 2050, the oldest-old population (above 80 years old) is expected to increase almost fourfold from 8.2 million to 32.4 million, with major representation from older women and countries like Singapore and Thailand.³ By the end of the century, Southeast Asian countries with a large youth population, like Cambodia and the Lao People's Democratic Republic, will also face an aging population.⁴

The rights of older women in international, regional and national law, policies and Programmes

1. What legal instruments, policies, and programmes exist to address the particular challenges faced by older women, and how are they implemented and monitored?

There are a number of regional legal instruments, policies, and programmes on older persons and ageing in general through the Association of Southeast Asian Nations (ASEAN). Most notably, there is existing high-level political commitment of ASEAN Member States to recognize and protect the rights, ensure and promote the welfare, and programmatically address the needs and realize the potentials of older persons in ASEAN as enunciated in the [Kuala Lumpur Declaration on Active Ageing: Empowering Older Persons in ASEAN](#). This declaration was adopted by the ASEAN Leaders on 21 November 2015 in Kuala Lumpur, Malaysia. However, there is no existing legal instrument or policies to address the particular challenges faced by older women in the region. The situation of older women in Southeast Asia is often overlooked in statements, declarations, statistics, and studies. Likewise, this is observed in the regional framework and action plans related to women and gender equality. The multiple and intersecting forms of gender and age are not highlighted in the women's empowerment policy framework in the region. However, recent developments such as the adoption of the ["ASEAN Declaration on the Gender-Responsive Implementation of the ASEAN Community Vision 2025 and Sustainable Development Goals"](#) in 2017 outline commitments to promote all women and girls' fullest potential in the region. The said declaration commits to "collect, manage, analyse, disseminate and ensure access to high-quality, reliable, and timely data disaggregated by sex, age, among others, and "support the development and implementation of gender mainstreaming initiatives across all sectoral bodies in the three ASEAN pillars".

Although the ASEAN may pass measures related to older women and men, the enforcement entity envisioned to carry out these measures have not fully materialized. The implementation of agreements reached is still at a minimum, with only 30 per cent of commitments made among the ASEAN member states are ever implemented based on a study in 2015⁵. Some of the reasons cited are the lack of a central mechanism to enforce compliance and a properly functioning dispute-settlement mechanism. Another major limitation in the regional framework is that instead of adopting a legal instrument to protect and promote older persons' rights, ASEAN places more reliance on cooperation and promotion of "Culture of Prevention Agenda"⁶. This reflects the so-called 'ASEAN Way', "which emphasizes non-interference in other member states' domestic affairs, the use of consensus planning and cooperative programs, and a preference for national implementation rather

²United Nations, Department of Economic and Social Affairs, Population Division, "World Population Prospects: The 2019 Revision" (New York: UN, 2019). Custom data acquired via website.

³ Ibid

⁴ Scholz, W., Cunha, N. (forthcoming). Old-Age Income Security in ASEAN Member States: A vision of key policy concepts, trends, challenges and opportunities. International Labour Organisation

⁵ Mentioned in a speech of Thai Deputy Prime Minister and Foreign Minister Surakiart Sathirathai during an international conference in Thailand in 2015. <https://www.todayonline.com/world/asia/eight-challenges-asean-must-overcome>

⁶ Which includes building a culture of peace and intercultural understanding, respect for all, good governance at all levels, resilience and care for the environment, a healthy lifestyle and supporting the values of moderation. <https://asean.org/storage/2019/01/15.-Agt-2018-ASEAN-People-Then-and-Now-ASCC-in-Facts-and-Figures.pdf>

than reliance on a strong region-wide agency or bureaucracy. In addition, the ASEAN preference is for ‘soft’ rather than ‘hard’ law.”⁷

The following are ASEAN policies related to older women:

Legal instruments, policies, and programmes	Description	Implementation and Monitoring
Regional Level (Association of Southeast Asian Nations)		
1. Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN	<p>Adopted in 2015, the KL Declaration on Ageing: Empowering Older Persons in ASEAN focuses on empowering older persons by mainstreaming older persons' rights into public policies and programmes, raising awareness on the needs of older persons, and eliminating discrimination.</p> <p>It has a specific declaration on promoting a “rights-based/needs-based and life-cycle approach and eliminate all forms of maltreatment on the basis of old age and gender”.</p>	<p>The Kuala Lumpur Declaration has assigned the ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD), with the support of ASEAN Senior Officials Meeting on Social Welfare and Development (SOMSWD), to coordinate and collaborate with relevant sectors for inter-sectoral cooperation on the empowerment of older persons and to develop a regional plan on ageing to implement the Declaration.</p> <p>In April 2019, the UNESCAP and ASEAN Secretariat organized an Expert Group Meeting on the Proposed Regional Action Plan to implement the KL Declaration. However, the said regional action plan is yet to be published and implemented.</p>
2. ASEAN Plus Three Statement on Active Ageing (2016)	<p>This statement was signed by ASEAN and People’s Republic of China, Japan, the Republic of Korea to promote “holistic approach, which is required in raising the quality of life and well-being of older persons and in addressing the multi-dimensional nature of ageing, which includes security, health, self-reliance and community participation”</p> <p>However, there is no specific provision on older women or mention of gender.</p>	<p>No information available</p>
3. Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly	<p>Adopted in 2010, ASEAN Member States agrees to “take concerted efforts to promote the quality of life and well-being of the elderly as well as to reduce the social risks faced by the elderly”. However, no specific mention of risks faced by older women or with gender-focus.</p>	<p>The ASEAN Commission on the Promotion and the Protection of the Rights of Women and Children (ACWC) is tasked to implement this Declaration and monitor its progress.</p>

⁷ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2457727

<p>4. Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children</p>	<p>Adopted in 2010, ASEAN Member States committed to “promote a people-oriented ASEAN where women and children participate in and benefit fully from the process of ASEAN integration and community building”</p> <p>Several actions and measures for enhancing the welfare and development of women and children were mentioned in the declaration. However nothing specific to older women.</p>	<p>The ASEAN Commission on the Promotion and the Protection of the Rights of Women and Children (ACWC) was tasked to implement this Declaration and monitor its progress.</p>
<p>5. 2013 ASEAN DECLARATION ON STRENGTHENING SOCIAL PROTECTION</p>	<p>Adopted in 2013, this declaration outlines the principles on Social Protection which include the following:</p> <ul style="list-style-type: none"> • Everyone, including older people, “are entitled to equitable access to social protection is a basic human right and based on a rights-based/needs-based, life-cycle approach and covering essential services as needed;” • Implementation of social protection should be based on gender equality, among others. 	<p>The ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD), with the support of SOMSWD, was assigned as the focal point for inter-sectoral cooperation on social protection at regional level.</p>
<p>6. ASEAN Human Rights Declaration (2012)</p>	<p>The Declaration was adopted unanimously by ASEAN members at its 18 November 2012 meeting in Phnom Penh, Cambodia. The Declaration details ASEAN nations' commitment to human rights for its peoples. Specific declaration on older women include:</p> <ul style="list-style-type: none"> • Every person is entitled to the rights and freedoms set forth herein, without distinction of any kind, such as race, gender, age, language, religion, political or other opinion, national or social origin, economic status, birth, disability or other status. • The rights of women, children, the elderly, persons with disabilities, migrant workers, and vulnerable and marginalised groups are an inalienable, integral and indivisible part of human rights and fundamental freedoms. 	
<p>7. ASEAN Strategic Framework on Social Welfare and Development (2016-2020)</p>	<p>Overall objective: “To enhance the well-being and improve the quality of life of older persons, children, persons with disabilities, and other vulnerable groups in ASEAN”</p> <p>Objective (Older Persons): “Healthy, active and productive ageing is promoted in an enabling and supportive environment.”</p> <p>No specific action plan or mention on gender-specific issues and older women.</p>	<p>Information on the status of the implementation of the work plan is not available.</p>

<p>8. ASEAN Socio-Cultural Community (ASCC) Blueprint 2025</p>	<p>ASCC Blueprint 2025 specifically aims for an ASEAN Socio-Cultural Community that is inclusive, sustainable, resilient, dynamic, and one that engages and benefits the people. Strategic measures related to older persons include the following:</p> <ul style="list-style-type: none"> • [B.1.2] Provide guidelines for quality care and support for women, children, youths, the elderly/older persons, persons with disabilities, migrant workers, ethnic minority groups, and vulnerable and marginalised groups • [B.1.5] Promote regional cooperation initiatives to support ASEAN Member States to be well prepared for ageing society • B.2.1. Enhance regional platforms to promote equitable opportunities, participation and effective engagement of women, youths, children, elderly/ older persons, persons with disabilities, people living in remote and border areas, and vulnerable groups in the development and implementation of ASEAN policies and programmes. • B.2.5. Support ASEAN Member States' initiatives in strengthening national gender and age-disaggregated databases and analyses, including on poverty and equity, establish a reliable regional database for key sectors to support ASEAN policies and programmes. 	<p>In 2017, ASCC milestones were published in this report. However, no information provided on targets and strategic measures related to older persons.</p>
<p>9. ASEAN Committee on Women Work Plan 2016-2020</p>	<p>This five-year work plan contains the following objectives and priority areas:</p> <ol style="list-style-type: none"> 1. Promotion of women leadership 2. Non-gender stereotyping and social norm change 3. Gender mainstreaming across the three ASEAN Community pillars 4. Elimination of violence against women 5. Economic empowerment of women 6. Protection and empowerment of women in vulnerable situations 	<p>The ASEAN Committee on Women (ACW) organized the Regional Forum on Social Protection Policies focused on Elderly Women and Ageing (2019) that looked into key areas and critical issues on elderly women, and identified innovative approaches to bring societal and economic opportunities in ensuring the well-being, livelihood and welfare of older women.</p>

10. Joint Statement of the AMMSWD Mitigating impacts of COVID-19 on vulnerable groups	The ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD) issued the Joint Statement on Mitigating Impacts of COVID-19 on Vulnerable Groups in ASEAN, which calls for facilitating access to social protection, protection of the rights and dignity of vulnerable groups, including older women, and developing comprehensive and integrated post-pandemic recover programmes.	
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National-Level

Country	Ageing-related Policies and Legislation
Cambodia	National Policy for the Elderly 2003 (under revision to cover 2017-2030); National Policy on the Health Care for Elderly and Disabled People (1999); National Health Care Policy and Strategy for Older People 2016
Indonesia	National Plan of Action (NPA) for Older Persons Year 2009-2014; National Plan of Action for Older Person Welfare Guidelines in 2003; Law No. 13/1998 Ageing Welfare
Lao PDR	National Policy for the Elderly 2004 (NPE)
Malaysia	(2nd) National Policy for Older Persons and Plan of Action for Older Persons (2010-2015); National Health Policy for Older Persons, 2008; The Health Care for the Elderly Plan (2001–2005)
Myanmar	National Plan of Action on Ageing 2014; Law for Older Persons 2016
Philippines	Senior Citizens Act 2003 (expanded in 2010); Philippine Plan of Action on Ageing 1999-2004; 2006-2010 National Action Plan on Senior Citizens (NAPSC); Anti-Age Discrimination in Employment Act (Republic Act 10911 of 2016)
Singapore	Eldercare Masterplan (2001-2005); Action Plan for Successful Ageing
Thailand	Second National Long-term Plan for Older Persons (2002-2021); Act on Older Persons (2003) (under revision); 2007 Development of Elderly Mental Health Care Systems Project; Strategy for Development of Long Term Care System for Dependent Older People (2014)
Viet Nam	Viet Nam Law on the Elderly 2009/10; National Action Plan on Elderly People 2012-2020

Source: [UNFPA, 2017. Perspective on Population Ageing in the Asia-Pacific Region](#)

Other regional initiatives on Older Women

- **Regional Forum on Social Protection for Elderly Women and Ageing (Brunei Darussalam, 2019)**

Recommendations:

ASEAN Level:

1. **Articulate gender perspective** in the Regional Action Plan to Implement the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN
2. **Utilise life-cycle approach**, among others, to surface the issues of elderly women in Strategic Framework on Social Welfare and Development 2020-2021 and ASEAN Committee on Women 2021-2025
3. **Explore areas of synergy** with the ASEAN Social Work Consortium (ASWC) and ASEAN-Wide Research Network on Active Ageing on providing care and welfare, **and generating data and researches** on elderly women, including the Study on Active Ageing and Poverty Eradication
4. **Explore areas of cooperation and partnership with other ASEAN sectors** such as health, disaster risk reduction, labour, financial inclusion, **and ASEAN's partners** such as Japan, Korea and China

Country-level

1. **Strengthen disaggregation of data** for evidence-based policy and programme development to make the various elderly women visible in national statistics
 2. Promote **integration** and policy and programme coordination to recognise the **intersectionality** of elderly women
 3. Continue to **build capacities and capabilities of care providers** for long-term care, palliative care, and end-of-life care, among others to provide care for elderly women and older elderly women
 4. Strengthen **community-/home based approaches** to the provision of care
 5. Seize the **opportunities** arising from the **Silver Economy**
- **ASEAN Web Forum on COVID-19 Response: Gender and Ageing Focus (Zoom, June 2020)**

Recommendations:

1. All stakeholders are encouraged to undertake the following in the short- and medium-term:
 - a. **Explore opportunities to integrate gender and ageing in COVID-19 response and recovery.** This includes the Rapid Assessment of ASEAN-Impacts of COVID-19 Pandemic on Livelihoods of ASEAN Populations; Comprehensive Study on Socio-Economic Impacts of COVID-19 and in the development of the ASEAN Gender Outlook;
 - b. **Ensure that economic stimulus packages and social policies work for women of all ages.** Promote targeted programmes to meet immediate needs of women (i.e. health care, food, shelter, protection from abuse and neglect) while providing economic stimulus and developing social policies that will result in women's economic empowerment, increasing access to decent work and addressing the rising need for care;
 - c. **Ensure cross-sectoral collaboration between governments, civil society and other stakeholders.** Promote and support alternative forms of civic engagement (e.g. digital platforms) to older persons' associations (OPAs) and women's organizations to enhance their role as catalysts and advocates, as a democratic watchdog, and as an essential link between the government and the citizen; and
 - d. **Develop a research agenda on gender and ageing particularly on financial security and social protection.** Promote gender integration and responsive research agenda across the life course of older persons in the ASEAN-WIDE Research Network on Ageing. Develop and strengthen protocols for the standardisation of data collection and analysis of gender and age-specific data to enable comparison and progress monitoring at the country and/or regional level.
2. All stakeholders are encouraged to undertake the following in the long-term:
 - a. **Work towards a society of all ages.** Taking off from the existing initiatives such as the ASEAN Health Cooperation's Promotion of Healthy and Active Ageing initiatives and ASEAN Centre for Active Ageing and Innovation, continue working together to prepare well for ageing societies in the near future guided by a whole-of-society approach as reflected in Kuala Lumpur Declaration on Ageing: Empowering Older Persons;
 - b. **Strengthen social protection systems addressing key risks and vulnerabilities women face throughout their life course.** Develop a set of policies or specific programs that provides social protection at key times in the woman's life course, particularly when women are unable to earn adequate income in the labour market. Consider reflecting strategies and targets on this in the next 5-year work plan of the ASEAN Committee on Women and Senior Officials Meeting on Social Welfare and Development (SOMSWD);
 - c. **Explore the development of a regional roadmap towards effective old-age income security with focus on addressing the gender gap in the pension system.** Develop strategies and targets in closing the coverage gaps, particularly among women, and removing existing gender bias in the pension

system, in line with the implementation of the Regional Framework and Action Plan to Implement the ASEAN Declaration on Strengthening Social Protection; and

- d. **Ensure long-term care (LTC) for older women and men as a right in social protection.** Recognise LTC as a right of older persons and mainstream LTC as a priority in the regional policies in social protection agendas in the region. Establishing comprehensive and rights-based LTC systems will address not only the increasing LTC needs in the region, but also the impact of informal caregiving on health, labour participation and income generation of women across the life course

2. What type of statistical data are collected on older women, if any, and is it disaggregated by age, gender, and other relevant factors? How are older women defined for the purposes of law, policy and data collection?

Although there are many studies on ageing and older persons in the region, there is a dearth of research and statistical data on older women. Regional studies are primarily from secondary sources like national surveys on ageing such as the National Survey on Older Person in Thailand, Longitudinal Study on Ageing and Health in the Philippines, and The State of the Elderly in Singapore, which mostly provides gender-disaggregated data. However, older persons are often lumped together, grouping everyone over the age of 65 as one category in reporting by national statistics such as labour and poverty surveys. For instance, data on the rate of informal employment by age group from ASEAN Stats website grouped all older persons over the age of 65.

Following are some of the statistical data on older women that are available from existing regional studies:

Source:	Statistical Data available
UNFPA, 2017. Perspective on Population Ageing in the Asia-Pacific Region	<ul style="list-style-type: none"> • Population ageing and projections into the future. • Situation of older persons' participation in development focusing on their financial security • Health in old age and describes older persons' access to quality health care.
Devasahayam, T. (2014) Gender and Ageing: Southeast Asian Perspectives	<ul style="list-style-type: none"> • Gender and Ageing in Thailand: A Situation Analysis of Older Women and Men • Gender and Well-being of Older Persons in Cambodia • Preparations for Old Age and Social Participation of Present and Future Older Persons in Thailand: Gender Difference • Gender and Health Status among Older Adults in Vietnam • Ageing and Gender Preferences in Rural Indonesia • Exploring the Experiences of Older Men and Women in Caregiving and Care-receiving in Sarawak, Malaysia • An "Active Ageing" Approach to Living Alone: Older Men and Women Living in Rental Flats in Singapore • Ethnic Patterns and Styles of Active Ageing among Widows and Widowers in Singapore • Employment Patterns of Older Women in Indonesia • Gender Differentials in Work and Income among Older Malaysians • Gender and Economic Well-being among Older Filipinos • Work, Retirement and the Gender Divide in the Philippines
Tsao Foundation (2018). Financial Security of Older Women: Perspectives from Southeast Asia	<p>Gendered dimensions of ageing in six countries: Indonesia, Malaysia, Myanmar, Philippines, Singapore and Thailand.</p> <ul style="list-style-type: none"> • Overview of the regional trends on gender and ageing • Situation and main issues in each individual country in terms of women's financial security • Different groups of older women that may be particularly vulnerable

HelpAge International (2017) Work, family and social protection: Old age income security in Bangladesh, Nepal, the Philippines, Thailand and Vietnam	Multiple sources of income older people have (work, social protection and family support), and how they interact
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There is no official definition of older women in the ASEAN policies and data collection system.

3. Please indicate how older women take part in participatory mechanisms?

There is no specific engagement mechanisms established to ensure the full and equal participation of older women in decision-making. However, as stated in the [“ASEAN Declaration on the Gender-Responsive Implementation of the ASEAN Community Vision 2025 and Sustainable Development Goals”](#) ASEAN Sectoral Bodies are encouraged to “engage and establish mechanisms for **engagement with women’s groups and organisations**. Similarly, the [Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN](#) encourages ASEAN Member State to provide older persons’ associations with “multi-sectoral platforms of dialogue with the government on ageing issues.”

Economic, social and cultural realities lived by older women

4. What are the specific challenges and concerns faced by older women, including on the basis of their accumulated life experience as compared to older men, in enjoying their economic, social and cultural rights (for example in terms of social protection, health, education, work, adequate standard of living, land and property ownership)? Please provide related data and statistics, including disaggregated data, where available.

- In later life, women continue to contribute significant and crucial, but invisible, unpaid care work to their families, communities, and economies.**
Older women continue to play the role of caregiver, however, this time to their spouses. In Thailand, more than half of the men reported that their spouses were their caregivers compared to only 12 per cent of women.⁸

In Southeast Asia, households with only one grandparent revealed that grandmothers are more likely than grandfathers to live with the grandchild and play the primary role of caregiver and nurturer, especially in the absence of a parent.⁹

- Older women remain economically active, particularly in low and middle-income countries, and continue to do significant amounts of both paid and unpaid work in challenging conditions.**
In Thailand (2007), among those 60 years or above, 26 per cent of women worked. In the Philippines, a similar trend shows a high prevalence of working beyond 60, higher for men than for women although the odds of working consistently decreases as age increases.¹⁰

Older women received less income than older men in Indonesia, Malaysia, Myanmar, Philippines, Singapore, and Thailand. The gap was highest in Malaysia, where the percentage of older women receiving an income was almost half that of the percentage of older men. The mean income of older women was also significantly lower. The gender difference was less marked in Myanmar, where only a marginally higher proportion of older women reported a household income of less than US\$1 a day. Marginally more older women in Singapore and Thailand also perceived their income as inadequate compared to older men.¹¹

⁸ [Devasahayam, T. \(2014\) Gender and Ageing: Southeast Asian Perspectives](#)

⁹ Ibid

¹⁰ Ibid

¹¹ Tsao Foundation (2018) [Financial Security of Older Women: Perspectives from Southeast Asia](#)

- **Older women are less likely than older men to access pension as a source of income, while children are the most common main income source for older women.**

Legal coverage of women in contributory schemes is lower than men, and effective coverage rates are even lower than legal coverage rates. For example, in the Philippines, based on 2015 data, the proportion of female old-age pension beneficiaries (29%) is almost half that of men (53.2%). In Indonesia, according to the 2007 Indonesian Family Life Survey, older men are three to five times more likely to receive a pension than older women. In Malaysia, in 2016, only 11% of women aged 60 years and over received pension benefits.¹²

Across Southeast Asia, older women are more likely to be dependent on others for income than older men. Remittances are an important income source for older women than older men regardless of marital status among those whose children are working abroad. In the Philippines, 34% of older women cited financial remittances from overseas as their main income source.¹³

- **Older women are more likely in informal employment. Informal employment tends to be less likely to be considered decent and dignified, and COVID-19 has exacerbated the situation.**

In Indonesia, the proportion of older persons in informal work is higher for women — 92.1% for women vs 86.5% for men. Moreover, about one-third of older women 60 years and above were working as unpaid family workers compared to only 5% of older men. Older women were mostly working in the agriculture sector (65.8%) while about one-third were working in the service sector and six per cent in manufacturing.¹⁴

- **Cumulative gender inequalities mean older women are likely to be among the poorest and most marginalized in terms of access to and control over productive resources.**

In general, even in countries with high levels of financial inclusion such as a savings account in a financial institution, women have lower levels of savings. A survey conducted in Malaysia shows that among women aged 40 years and over, only 11% saved regularly and 10% had no savings. It is notable that the majority of those with no savings were homemakers, underlining the vulnerability created by lack of participation in the labour-force.¹⁵

The Mastercard Survey of Consumer Purchasing Priorities conducted in 2017 reveals that women in the six countries plan to save between 11% to 25% of income in the next six months. However, with the exception of Thailand and the Philippines, women were marginally less likely compared to men to cite retirement as the main reason for saving.¹⁶

5. What forms of gender-based discrimination and inequality experienced by women throughout the life cycle have a particular impact on the enjoyment of their human rights in older age?

Based on Tsao Foundation's report on the Financial Security of Older Women: A Life-Course Perspective, the underlying constraints women faced throughout the life course have impacts on their financial security in old age. The following sections illustrate this:

Underlying the gender gaps in education and caregiving responsibilities are social norms that impact upon gender equality. Social norms about women's roles and responsibilities constrain women's

¹² Ibid

¹³ Cruz, et al (2017) 2007 Philippine Study on Ageing

¹⁴ Tsao Foundation (2018) [Financial Security of Older Women: Perspectives from Southeast Asia](#)

¹⁵ Ibid

¹⁶ Ibid

agency and ability to maximise their opportunities in the world of work. Social norms begin early in a woman's life, during childhood, and the impact of these are compounded throughout their lives.

During childhood, adolescence and youth, norms dictate that women are responsible for housework and caregiving, while men are the main income earners. This results in girls being excluded from school. In Indonesia, starting from late childhood, girls tend to stay at home to undertake caregiving responsibilities. The data reflects this bias: in 2007, 99% of men aged 15-19 years were not in the labour-force because they were in school, whereas a much lower proportion of women of the same age (79%) were in school. About 16% of women aged 15-19 years were outside the labour-force and outside of school because of caregiving responsibilities. These gender stereotypes are also reinforced in the educational curriculum. In Myanmar, school textbooks depicted girls helping with domestic chores while boys were depicted doing sports or other activities.

Even when women enter the education system, gender stereotypes result in women being segregated into more "feminine" fields of study, such as education or health services, while men dominate in science, engineering and information technology. This educational streaming in turn contributes to occupational segregation, which has a knock-on effect on earnings and wages.

Gender norms also disadvantage women when they enter the workplace, constraining their ability to progress to senior positions. Most workplaces still function around the norm of the "ideal worker", a worker who is available to work full-time, and can relocate and travel as requested. For women, this expectation conflicts with the norms that require women to be responsible for unpaid care and domestic work. For example, in a series of focus group surveys conducted in 2016 by Willis Towers Watson in Singapore, China, Hong Kong and Malaysia, 58.4% of respondents said that the conflict of family responsibilities with career was the key barrier to success/promotions. **Unless there is a change in norms that require women to take on the main share of unpaid work, these trends are likely to continue.** Furthermore, the rapidly ageing populations of Asia suggest that elderly care demands may actually increase. In the same survey, 42% of respondents said they had responsibility for caring for the older persons.

The cumulative effects of these social constraints, lower levels of education and labour-force participation and different patterns of employment, result in lower levels of savings and pensions leaving women vulnerable in old age. Moreover, older women themselves are subject to social norms, often taking on care responsibilities for spouses and grandchildren. In countries with high levels of migration of young women like Indonesia, Philippines and Myanmar, there is a rising phenomenon of "skip generation" households where grandmothers take on the disproportionate role of caring for their spouse and also their grandchildren. The main driver for these gender gaps in pension systems is the discrimination faced by women in labour markets.

Furthermore, pensions systems are still based on the assumption of a male breadwinner model, of continuous life-long employment with increasing earnings. This disadvantages women in three ways. First, women are underrepresented in the labour-force. Some women are excluded entirely from contributory pension schemes (such as full-time homemakers, or women in the informal sector). Second, as women take on a greater share of family responsibilities, they often have interrupted employment histories (taking breaks), work part-time (or shorter hours) or in the informal sector (with no pension contributions). Third, even in the formal sector, women earn less than men. This means they make lower amounts of contributions, which results in lower levels of benefits in old age, in pensions systems that are based on earnings. Women's lower or disrupted earnings flow results in significantly lower amounts of pensions. To illustrate, in the Philippines, 44% of women under the SSS scheme received less than 2,000 Peso compared to 29% of men.¹⁷

6. Has the COVID-19 pandemic affected older women differently than older men and how?

Based on a regional forum on Gender and Ageing held last June 2020 organised by Tsao Foundation, HelpAge International and in partnership with the ASEAN Secretariat, the COVID-19 pandemic has

¹⁷ Tsao Foundation (2018) [Financial Security of Older Women: Perspectives from Southeast Asia](#)

revealed existing vulnerabilities faced by older women and, worse, aggravated them. Driven by pre-existing gender inequalities, unpaid care and domestic work, and the huge presence in the informal sector, older women have **limited access to social protection including pension**, are experiencing **increased burden of providing care**, including grandparenting, and **loss of livelihood**, since many older women depend on informal work and children support, which are affected by the pandemic.¹⁸

Older women are prone to **increased risk of being infected with COVID-19**, as women comprise of the majority of the health workforce, and older women being at risk while living in care institutions. Older women also experience **increased risks of abuse and violence**, including elder abuse of care dependent older persons, and **increased incidence of ageism and discrimination**, brought about by movement restrictions and lockdowns that lead to social isolation. Women's disadvantage in older age is mainly a result of challenges and discrimination throughout the life cycle, and intersectionality puts vulnerable groups further at risk during the pandemic. This is worsened by the **digital divide** wherein the use of digital tools is particularly low for older persons.¹⁹

7. Please share examples of how older women participate in and contribute to economic, social and cultural life, including inter-generational solidarity and support.

The contributions of older women reach beyond their economic activities and extend into their roles in families and in the community. As mentioned above, older women continue to play the role of caregiver to their spouse and also their grandchildren. Recent surveys in Myanmar, Thailand and Vietnam reveal that substantial proportions of persons aged 60 and older co-reside with grandchildren and commonly provide grandparental care.²⁰ In the Philippines, 27% of older women are fully or partially in charge of the care of any of their grandchildren.²¹ Knodel and Nguyen (2014) notes that “grandparental care is not always one-directional as grandchildren can also be of help to grandparents”.²²

As noted by Devasayham (2014), in Southeast Asia, women exert a strong presence in village makers as entrepreneurs and their earnings have been critical to the maintenance of the family.²³ In fact, among Kelantese women of Peninsular Malaysia, “the middle-aged married woman [who] is usually a more active participant in the economic and social life of the village than her husband”.²⁴ Moreover, women play prominent roles in indigenous rituals as shamans who engage in exorcism, spiritual healing, agricultural magic, and so forth as much as men.²⁵

¹⁸ Tsao Foundation, HelpAge International, ASEAN Secretariat (2020) ASEAN Web Forum on COVID-19 Response: Gender and Ageing Focus: Highlights of the Webinar

¹⁹ Ibid

²⁰ Knodel J, Nguyen, M (2014) Grandparents and grandchildren: care and support in Myanmar, Thailand and Vietnam <https://www.cambridge.org/core/journals/ageing-and-society/article/abs/grandparents-and-grandchildren-care-and-support-in-myanmar-thailand-and-vietnam/70A1CF1D91D1E7091A583489467F6D17>

²¹ Cruz, et al (2018) Longitudinal Study on Ageing and Health in the Philippines

²² Knodel J, Nguyen, M (2014) Grandparents and grandchildren: care and support in Myanmar, Thailand and Vietnam <https://www.cambridge.org/core/journals/ageing-and-society/article/abs/grandparents-and-grandchildren-care-and-support-in-myanmar-thailand-and-vietnam/70A1CF1D91D1E7091A583489467F6D17>

²³ Ibid

²⁴ Raybeck (1980/1981) mentioned in [Devasahayam, T. \(2014\) Gender and Ageing: Southeast Asian Perspectives](#)

²⁵ [Devasahayam, T. \(2014\) Gender and Ageing: Southeast Asian Perspectives](#)

Annex B: The Human Rights of Older Women in Czech Republic

Inputs of the International Longevity Centre (ILC) Czech Republic to the Call for Contributions on the Human Rights of Older Women

Introduction

We are providing answers to the questions asked by the UN Independent Expert. The answers are a compilation of available research, reports, and study materials from academia, the public sphere, and the non-profit sector. All answers provided are publicly available and traceable. Above all, it is information from colleagues who we know are dealing with the given topics. Therefore, this report does not provide a comprehensive overview of all research conducted in the Czech Republic. However, we tried to find all possible sources that could be relevant for you. At some points, it was also impossible to provide more recent information and data due to their non-disclosure or non-existence. We hope this provided information helps you with the preparation of a monitoring report and will be an additional document for provided materials from stakeholders from the Czech Republic.

What legal instruments, policies and programmes exist to address the particular challenges faced by older women, and how are they implemented and monitored?

- *Action plan for prevention of domestic and gender-based violence for the period 2019 – 2022*

The Action plan does not target only older women but all vulnerable groups of people who can be affected by domestic and gender-based violence.

- ***Government Council for Older Persons and Population Ageing***

The Ministry of Labor and Social Affairs is the coordinator of this agenda. The Government Council for Older Persons and Population Ageing was established on March 22, 2006, by Government resolution No. 1482 on implementation of the National Program of Preparation for Ageing for the period 2003 - 2007. The main goals of the Council are to ensure equal rights for older persons in all areas of life, to protect their human rights, and support the development of intergenerational relationships in family and society.

- *Program for the prevention of socially pathological phenomena - domestic violence*
Grant program of the Ministry of the Interior for non-profit organizations.

- *Prevention of domestic violence and crime committed in the elderly*
Specific grant program of the Ministry of the Interior for non-profit organizations, part of the Program for the prevention of socially pathological phenomena

Also, NGOs, which target the senior population, have a crucial position in our society. These NGOs provide seniors events and support as awareness campaigns, workshops, help phone links for seniors, and so on.

What type of statistical data are collected on older women, if any, and is it disaggregated by age, gender, and other relevant factors? How are older women defined for the purposes of law, policy and data collection?

The specific data collections, which are disaggregated by age, gender, and other relevant factors, can see in question number 4.

The term "senior" is not clearly defined in our legislation or the academics literature. The term senior is not a legal or statistical but rather a sociological category. The statistical definition of a senior by age is not uniform in our country or the world. In other words, chronological age is not a uniform criterion for all outputs for including a person in the senior category.

It is difficult to precisely determine what old age is (aging is an individual process). According to authors Vidovičová and Rabušic (2005), old age is not a specific condition based on biological or chronological development because aging is a continuum. Old age can be perceived as a social construct. Therefore, even what is considered old age in society is a social phenomenon which, according to the latter authors, as a social construct, should be distinguished from the phenomenon of increasing physical and mental decline. Nowadays, the age of 65+ is the beginning point when people are perceived as old.

What are the specific challenges and concerns faced by older women, including on the basis of their accumulated life experience as compared to older men, in enjoying their economic, social and cultural rights (for example in terms of social protection, health, education, work, adequate standard of living, land and property ownership)? Please provide related data and statistics, including disaggregated data, where available.

1. Feminization of the poverty and social exclusion
2. Care as (Un)paid Female Work and Related Economic Inequality
3. Gender pay gap
4. Maternity leave

Women seniors are a vulnerable group of women and are above average at risk of poverty and social exclusion. According to Social Watch, in addition to structural factors (labor market, state social policy, etc.), cultural factors influence retirement incomes. Generally, society expects primary women to care for children, families, and households, resulting in long-term career breaks. Also, the need to reconcile work and family life, which usually lies on the women's shoulders, together with a long-term shortage in the labor market, may affect women's further participation in the labor market or be a reason for lower women's wages. In the EU, the Czech Republic has one of the highest differences in incomes between women and men. Also, the amounts of pensions are tied to the work history of both men and women. Therefore, women generally receive lower retirement income and are more at risk of poverty in old age.

For more information:

http://www.socialwatch.cz/wp-content/uploads/sw_zprava_gender_cr_2020_en.pdf

The Czech Statistical Office launches a publication called „Focus on Women and Men“ every single year. We are providing you the newest data from 2019 in these categories:

Population, families, and households

- *Persons at risk of poverty by age and sex in 2019*

<https://www.czso.cz/documents/10180/120583268/300002200138.pdf/b3eb7cfb-6aee-4479-8b3d-1027e2d3ef64?version=1.1>

As you can see in the data set in 2019, there were **253 019** women and only **84 041** men in 65+ years indicated like persons below at-risk-of-poverty threshold = feminization of poverty.

- *Population structure by sex, age and educational attainment*

<https://www.czso.cz/documents/10180/120583268/300002200102.pdf/ef2fb63c-7a0f-424f-b5f2-e5360ab32d57?version=1.1>

- *Population structure by sex and educational attainment, international comparison*

<https://www.czso.cz/documents/10180/120583268/300002200103.pdf/68fbd66c-e2f6-4af5-be2c-862ea3a7eda3?version=1.1>

- *Population by sex and by age as at 1 January 2019, international comparison*

<https://www.czso.cz/documents/10180/120583268/300002200105.pdf/e5e5f069-e9fe-47e2-a1f7-a4614a18e9e6?version=1.1>

- *Divorces by sex and age in selected years*

<https://www.czso.cz/documents/10180/120583268/300002200127.pdf/0b61676e-c746-4511-8413-4f73b5d4d0f9?version=1.1>

Health

- *Hospitalised patients in hospitals by age and by sex in 2019*

<https://www.czso.cz/documents/10180/120583268/300002200203.pdf/055c0a54-2bd9-4bf5-97b6-163e5158ce59?version=1.1>

- *Suicides by sex and age groups in 1993 and 2018*

<https://www.czso.cz/documents/10180/91605937/300002190228.pdf/89289b95-4966-4ed0-a4e7-9953aaadda56?version=1.1>

- *Life expectancy at birth, international comparison*

<https://www.czso.cz/documents/10180/120583268/300002200209+.pdf/fb6ba1c1-3c52-41b1-b072-78c63f59e75b?version=1.1>

- *Average expenditure of health insurance companies per sickness-insured person by selected diagnosis, sex, and age group in 2018*

<https://www.czso.cz/documents/10180/120583268/300002200222.pdf/7350b873-73eb-42a7-a51d-87dc602bf93e?version=1.1>

- *Mortality rate by age and sex in selected years*

<https://www.czso.cz/documents/10180/120583268/300002200234.pdf/f5d95fe1-8b66-4b5a-9ef1-6dda58a88ab5?version=1.1>

Education

- *Acceptance rates*

<https://www.czso.cz/documents/10180/120583268/300002200306.pdf/26a838b4-45a4-4507-85d8-a6a037b5051e?version=1.1>

Labor and Earnings

- *Economically inactive population by age and by selected reason of inactivity in 2019, international comparison*

<https://www.czso.cz/documents/10180/120583268/300002200403.pdf/47dc0223-9d27-447a-b8b3-df2d034c9600?version=1.1>

- *Status in employment in the main job*

<https://www.czso.cz/documents/10180/120583268/300002200405.pdf/9c3edbbd-cded-481f-9f38-e414edf26c47?version=1.1>

- *The unemployed by age group and educational attainment*

<https://www.czso.cz/documents/10180/120583268/300002200429.pdf/b5e1c415-7a69-49ef-9cd1-3b50b9719e10?version=1.1>

- *Average gross monthly wages and median wages by CZ-ISCO-08 major group and by educational attainment in 2019*

<https://www.czso.cz/documents/10180/120583268/300002200436.pdf/fff90728-0367-4aeb-9aa6-2c4c085c970a?version=1.1>

Social support/security

- *Old-age pension recipients by sex as at 31 December*

<https://www.czso.cz/documents/10180/120583268/30000220050102.pdf/66192a24-5b92-4d14-bfbd-0ee59d4ebddc?version=1.3>

- *Disability pension and survivors' pension recipients by sex as at 31 December*

<https://www.czso.cz/documents/10180/120583268/30000220050102.pdf/66192a24-5b92-4d14-bfbd-0ee59d4ebddc?version=1.3>

- *Old-age pension and survivors' pension recipients by sex and amount of pension as at 31 December 2019*

<https://www.czso.cz/documents/10180/120583268/30000220050304.pdf/e92e637b-8a65-4ebe-9698-caea7c301333?version=1.3>

- *Old age pension and survivors' pension recipients by sex and age as at 31 December 2019*

<https://www.czso.cz/documents/10180/120583268/30000220050506.pdf/dc1b1bdd-8f5b-4263-b22a-bb8925f4a4b5?version=1.3>

- *Average monthly amount of old-age and widow's/widower's pension as at 31 December*

<https://www.czso.cz/documents/10180/120583268/30000220050708.pdf/72f14eac-2f78-4020-875a-fd7c1dae1e2f?version=1.3>

Here you can find the whole publication: <https://www.czso.cz/csu/czso/focus-on-women-and-men-2020>

What forms of gender-based discrimination and inequality experienced by women throughout the life cycle have a particular impact on the enjoyment of their human rights in older age?

Women have to face during the life cycle these general problems:

Lower salary/incomes than men – The gender pay gap

Feminization of job

Maternal/paternal leave

These gender-based inequalities, which women face during their life cycle, are reflected in lower pension incomes and the subsequent feminization of poverty in older age.

Has the COVID-19 pandemic affected older women differently than older men and how?

The COVID-19 pandemic is damaging health and social and economic well-being worldwide, and women play a crucial role. Women primarily run medical care: they make almost 70% of health workers and are thus at greater risk of infection. Also, women carry a large part of the burden on their shoulders at home due to closed schools and childcare facilities and long-term gender differences in unpaid work. Women also face a high risk of job and income loss and an increased risk of violence, exploitation, abuse, or harassment during a crisis and quarantine period.

The Government of the Czech Republic is also closing some sectors during the pandemic. Women are significantly more likely to work in closed sectors, while men work significantly more in those that remain open. For example, trade: women make up 78% of the workforce. Personal services (e.g., hairdressers): 90% of women. Boarding and hospitality: 62% of women, accommodation: 71% of women. Tourism: guides and delegates: 80% of women, receptionists in hotels: 83% of women. Compared to that industry: Machine operators: 59% of men, drivers, storekeepers, and mobile operators: 92% of men; metalworkers and mechanical workers: 96% of men, workers in electronic and electrical engineering fields: 93% of men. Textiles and food do not balance the situation: 51% of men and 49% of women. At the moment, schools and kindergartens are also closed, so women often work in a home office or have to go to a so-called "care" and have to take care of their children. Due to persistent gender gaps in many areas, jobs, businesses, incomes, and a higher standard of living for women may be more exposed to the expected far-reaching economic consequences of the crisis than men. There are more women elderly worldwide who live alone and have low incomes and are thus more vulnerable to financial insecurity. Therefore, there is a question: "What consequences this whole situation will bring to women in their later age?"

Authors Blanka Nyklova and Dana Moore made research: *Violence against women in the context of COVID-19*. The report is a reaction to the situation of a pandemic within Czech society. Authors mentioned that „*Victims of some forms of violence solve similar problems as before a pandemic, but isolation and quarantine increase the intensity and frequency of violence.*“ The research report is not specifically interested in the senior population.

According to Poverty Watch Report in the Czech Republic was during the COVID 19 were identified these vulnerable group of people:

- **women** – generally significant impact of a pandemic in the form of an increased risk of conflict and the threat of domestic violence (impossibility of "escape" from a violent partner during the quarantine),

also more often bear the costs of care and worries for the family due to closed schools and kinder gardens

- **seniors and chronically ill people** – in general, the risk group faces the risk of infection also due to the lack of protective aids in social services; further isolation and loss of contacts with loved ones (impact on mental health)

Academics from the Institute of Sociology of the Czech Academy of Sciences are working on the project called: *Gendering the pandemic: redefinition of care as a consequence of the COVID-19 crisis?* The project duration is from 2021 to 2023. The project is interested in the measures to mitigate the spread of the COVID-19 pandemic in 2020 and the economic “freezing” and recession of the global economy afterwards incur important social and economic costs that are distributed unequally among different social groups. The project analyses the impacts of the pandemic in the Czech Republic from the gender and intersectional perspective. It focuses on the micro-social level of individuals and households with care responsibilities (care for children, the elderly and the sick in the informal sector, and health and social care in the formal sector), and on the intersections of characteristics that contribute to increased vulnerability in the situation of crisis (precarious forms of work, self-employment, single motherhood). It combines qualitative intersectional research methodology with theoretical scholarship and triangulation with statistical data. The research contributes to theoretical discussions on the recognition and valuation of care and to the theoretical and methodological development of the intersectional approach in research on societal crises.

Research *COVID-19 VIII. wave of online research SC&C*, N = 1 422 respondents from the online panel of respondents, date of data collection: 20.2. - 24.2. 2021, results for the subset of women 50+ years

		Women 50+
N = 310 respondents		
How serious risk do you personally consider this virus for you?	I feel threatened	57 %
	ani - ani	30 %
	I do not feel threatened	13 %
How do you trust our state to handle the situation?	I completely trust	4 %
	I rather trust	31 %
	I rather distrust.	37 %
You consider the information about the coronavirus epidemic to be ...	I completely distrust.	27 %
	Exaggerated	31 %
	Reasonable	49 %
How does your household manage the current situation in the area of money and management?	Insufficient	20 %
	We are better off than before the onset of the coronavirus crisis	0 %
	So far, we are still the same, we have no financial problems	57 %
	We're saving a little.	26 %
	We're saving a lot.	13 %
	We have really big financial problems.	4 %

Which attitude to the coronavirus situation now describes you better?	I would repeal all the regulations and return to normal life because the economic crisis is worse than the virus.	29 %
	State measures should be significantly stronger, the economy should be completely "shut down".	30 %
	"Medium combined" path	41 %

Please share examples of how older women participate in and contribute to economic, social and cultural life, including inter-generational solidarity and support.

Authors Jaroslava Hasmanová Marhánková and Marina Šípková published book Grandparenting in contemporary Czech Society. The book presents how family context, different influences, and family members can influence the grandparent's role in the family. As this research points out, grandparent support plays a crucial role in harmonization the lives of the middle generation. The degree of grandparent involvement in the care of grandchildren and the definition of their role is related to the gender dimension. The gender role dimension is influenced by the history of individuals in whom traditional gender roles acquired in their youth are still rooted. Grandchild care is increasingly associated with women as a grandmother.

How do intersectional factors exacerbate the combined effect of ageism and sexism, including the perspective of older LGBTI women, older women with disabilities, older migrant women, older women belonging to indigenous and minority groups, etc.?

LGBTI community of older people in the Czech Republic

According to NGO Life 90 (in original: *Život 90*), the topic of LGBT older people is a traditionally taboo theme in the Czech environment. The media image of gays, lesbians, bisexuals, or trans people usually gives the impression that they are "young Praguers". The fact is, however, that these people have always been and still are among us. They live in an environment that is highly heteronormative, with the vast majority of them facing discrimination and humiliation because of their sexual orientation or gender identity. Therefore, they learned to hide and hide these inseparable aspects of their personality. Many of them are lonely or live in heterosexual marriages. Their starting position for old age is much more uneasy than for their heterosexual peers.

In 2016 was published the first and unique research targeted the LGBT community of seniors in the Czech Republic, called *LGBT older adults - an invisible minority: The situation of aging lesbian, gay, bisexual, and transgender people in the Czech Republic and the perspectives of LGBT-friendly health and social care*. All provide information is from this publication. In this foreword, sociologist Jaroslava Hasmanová Marhánková claims that: "It is necessary to emphasize that the specifics of LGBT seniors are given primarily by the social context of their lives - living in a society that expresses certain forms of sexuality and gender "stigmatizes". She comes across the fact that the current LGBT senior generation lived most of their productive lives during the time when homosexuality was in Czechoslovakia practically taboo, despite the decriminalization of homosexuality in 1961.

Before 1989, it was not an exceptional situation for gays and lesbians to conceal their sexual orientation, its denial. Many lesbians and gays have opted for a double life - heterosexual in a classical marriage and secret, some of them prefer to live alone. All secrets affected their social networks. Many of them did not start families or were abandoned by their relatives due to their sexual orientation. In old age, these people lack the necessary help and contact from loved ones (so-called informal help). Sociologist Hasmanová Marhánková also states that: The feeling of loneliness and the lack of informal support in old age harm mental and physical health and affect the experience of aging. LGBT seniors have lived most of their lives in social conditions where a non-heterosexual orientation has been a major social stigma. Empirical research also suggests that LGBT seniors have fewer traditional social networks compared to the majority of society. " Although it could be assumed that the LGBT community could become a social network, this is not the case. LGBT seniors are an invisible group even within the LGB community itself. LGBT seniors have faced stigma and discrimination for most of their lives. Stigma and discrimination significantly affect LGBT senior's health, increase social isolation, and affect relations to social and health services, which usually do not reflect their non-heterosexual experience.

This research identified **loneliness** as one of the biggest problems. Loneliness in this group of people is often worse than in the rest of the population because LGBT seniors often live and live without a family background. Their original family renounced them because of their sexual orientation, sexual behavior, or lifestyle. Either they did not start their own family and have no children, or they started - the marriage or partnership broke up, and then relationships with biological children can be complicated for various reasons. Their friends (as well as their partners) die, and they are no longer able to establish new relationships.

Formal disadvantages for LGBT seniors:

Compared to the majority population, LGBT seniors still face certain formal disadvantages, which may be more relevant in old age. The current regulation of a registered partnership in the Czech Republic does not allow for the drawing of a widow's / widower's pension in the event of the partner's death. Compared to heterosexual marriage, the registered partnership offers a financial disadvantage as financial security in old age. This form of discrimination can further increase the risk of poverty in old age.

The current approach of formal institutions perceives decision-making and the provision of information on care in old age as the exclusive right, especially of the biological family. In this regard, LGBT seniors (and especially their chosen family) may face difficulties in negotiating care decisions. In the case of people who choose to remain "in the closet"²⁶ in permanent care (such as nursing homes or long-term care facilities) create the unclear position of the chosen family can become a barrier in decision-making about care and in maintaining existing social ties. An example, could be to explain why these friends (secret partners) should get information about the patient's health.

Possible solutions according to research:

The possible solution is to eliminate the imaginary barrier between those who are young and old and those who are gay or hetero. Various meeting platforms could help, which - by the way - are already very popular at the level of the majority society. It would also be possible to think about LGBT clubs for seniors. Regardless of the specific "solution" to the problem of the invisible minority, however, it necessary to said above all that LGBT seniors are still not a topic that would be of interest to anyone at the institutional level. And that's not exactly the ideal starting point for change.

Older women migrants

All the provided information about this endangered group of women is from the research Women on the Second Track (?) published by the Association for Integration and Migration, and Faculty of Humanities, Charles University in Prague in 2016.

Definition of old age and older women workers in this research

The definition of "old person" is difficult to determine, mainly because the aging process is different for everyone. In this research, a senior is a person who has reached the statutory age required for retirement (whether or not he or she is receiving it). An older employee is a woman over the age of 50 years who has not yet been entitled to that pension.

Employment discrimination against women is not a new problem in the Czech Republic. Together with age discrimination, it is one of the main obstacles to inclusion in the labor market. If discrimination on the grounds of ethnic and social affiliation is added, this is a difficult barrier to overcome.

Women foreigners in the Czech Republic often do not have a suitable position. Due to their nationality, insufficient language skills, ignorance of the environment, lack of experience, and limited social ties, they often become the target of exploitation, non-respect of employment rights, and depending on the employer. They are frequently cheap labour, willing to accept any job, regardless of their level of education, and often find

²⁶ Seniors do not thematize their sexuality in front of others, the dominant strategy of current LGBT seniors.

themselves on the edge of society. Their situation worsens with the onset of retirement age. They usually do not have access to draw pension benefits. In extreme cases, they are at risk of homelessness.

In regard to the more than twenty-five-year history of the Czech Republic as a host state and current migration trends, it can be expected that the number of permanently settled seniors with a migrant history will increase. If we add other important factors like increasing numbers of women in the senior population and the feminization of migration, we can talk about the growing social group of women migrants. Respectively, women seniors with a migration history can be expected to have a higher risk of discrimination and social exclusion in general than others. The main reasons leading to the unsatisfactory position of this group of women in the European, but especially the Czech context, are the following:

- Generally, women live longer, and also in worse material conditions and quality of life compared to men
- Compared to men of the same age and women from the majority population, women migrants are more vulnerable due to possible discrimination based on race / ethnic origin, nationality, religion, or other specific characteristics. The multiplication of discriminatory grounds already mentioned is also significant for this group.
- Disadvantages that result directly from legislation, both in the labor market and outside it (especially this disadvantage is evident in women with temporary residence, e.i., in the field of health care)
- Complicated recognition of qualifications in the Czech Republic, notification of diplomas, and the related issuance of work permits and employment
- Difficult reconciliation of work and family life for women in general. As a rule, women migrants cannot find jobs that match their qualifications and would allow them to perform family responsibilities. Economic pressure and lack of support in caring for children / elderly parents then limit their opportunities for education (or retraining) and professional growth
- Migrant populations are at greater risk of falling into poverty, with migrant women being exposed to even higher levels of poverty compared to men migrants
- Due to their complicated position on the labor market, migrant women (and even older migrant women) are often willing to accept any job, regardless of their level of education, original occupation, and employment rights. They find themselves in the position of cheap labor, where they show higher performance and a willingness to work under precarious conditions under the pressure of circumstances. In this context, the dependence on the employer is also evident, which results mainly from the interconnection of work permits and residence permits
- According to the available findings, their employment also affects the non-use of qualifications, the small effect of retraining, and the above-mentioned administrative complexity of the recognition of qualifications and education. As a result, they remain in a marginalized position in the labor market
- They often perform unskilled work, where there is a higher risk of unemployment they often work in temporary and precarious positions on the labor market
- Women migrants are also frequent victims of forced labor and human trafficking, especially in the sex industry, where they are often exposed to physical violence
- A specific problem of women migrants on the labor market is theirs involves in domestic works (nanny, cleaner or caregiver for the sick or elderly or children) because the Czech legislation does not provide sufficient protection at least minimum standards. In the field of work, they are often exposed to specific forms of gender-based violence and racial discrimination
- One of the principal problems for women migrants with a history of migration may be that they do not have worked for the necessary years to claim a pension or are not recognized for years worked in other countries. In such a case, they must be active in the labor market even in years when other people are already drawing a pension. In addition, it is uneasy to find a job in general for the category of people over 50 years of age. Thus, senior migrant women often work in precarious working conditions, despite their unsatisfactory state of health.

- Other reasons for women's labor higher vulnerability include worse language skills, ignorance of the environment, limited social ties, respectively social capital, or long-term isolation.

However, disadvantage does not only concern the labor market but also political debates or strategic documents concerning equal rights, migration, or integration. It is obvious, women migrants' experiences with discrimination can be qualitatively different from their male counterpart's experiences.

The above reasons explain why women with a migration history are more affected by structural inequalities than men migrants or senior women from major society. Women migrants are at risk of the same disadvantage as women in general and migrants and seniors. Due to other unfavorable circumstances and contexts - the absence of international agreements on the recognition of work in another state for calculating benefits and pension income, and discrimination in the labor market often resulting in long-term unemployment - women do not have access to benefits from the Czech pension system, health insurance or other social rights that are granted to Czech citizens. These facts lead to a complete loss of integration potential and, in extreme cases, to homelessness.

Women Migrants in the Czech Republic began to pay more attention only in 2011 in the Updated Concept of Integration - Living Together, but also here without any visible impact on the actual life of the women concerned. The emphasis on the specific women migrant needs was moved one step forward in the currently valid Updated Concept of Integration of Foreigners - In Mutual Respect (2016) prepared by the Ministry of Interior.

Table: *Foreigners by sex and age as at 31 December 2019*

(Data do not include foreigners with valid asylum status on the territory of the CR.)

Foreigners by sex and age as at 31 December 2019¹⁾

Pramen: Ředitelství služby cizinecké policie

Source: Directorate of Foreign Police Service

Věk Age	Cizinci celkem Foreigners, total	z toho ženy Females	Pobyt nad 12 měsíců Residence for 12+ months	z toho ženy Females
Celkem / Total	593 366	253 057	582 336	247 135
0-4	19 231	9 323	18 732	9 084
5-9	22 856	11 133	22 201	10 815
10-14	19 370	9 356	18 966	9 161
15-19	20 726	10 053	17 694	8 531
20-24	36 136	17 002	33 540	15 627
25-29	54 784	24 207	53 093	23 272
30-34	74 039	32 496	73 230	31 975
35-39	78 217	33 578	77 760	33 273
40-44	69 739	28 883	69 431	28 681
45-49	58 224	22 730	58 010	22 614
50-54	45 003	16 403	44 882	16 345
55-59	36 447	13 287	36 373	13 255
60-64	24 620	9 266	24 553	9 229
65-69	15 551	6 663	15 503	6 633
70-74	8 560	3 723	8 530	3 704
75-79	4 603	2 002	4 589	1 993
80-84	2 749	1 478	2 740	1 470
85-89	1 413	793	1 411	792
90-94	707	437	707	437
95+	391	244	391	244

(Source CSO: <https://www.czso.cz/documents/10180/125507871/290027200108.pdf/1c2cc4e4-119b-4a73-aec2-f2830a473597?version=1.3>)

What forms does gender-based violence and abuse against older women take and how is such violence prevalent? Please share available data and statistics, including in relation to femicides.

The population is aging, and there is an increasing need to care for the older generation. The care provided in the home or some institutions can be mentally and physically demanding for the caregiver as well as for the seniors themselves. Within the family, intergenerational tensions and gaps can sometimes occur. In these situations, we may encounter the so-called EAN (Elder Abuse and Neglect Syndrome).

According to NGO Life 90, domestic violence against seniors may cause various life situations. These are, for example, addiction, social isolation, lack of self-confidence in the elderly, and a serious long-term illness in the elderly. Furthermore, domestic violence can be "supported" by the return of adult children to their parents or the coexistence of older people with mentally ill adult children. Seniors tend to hide the fact that domestic violence can take place on their person because they are ashamed of it. Generally, the violence against seniors often takes place in secret, over a long time, daily in the home environment or institutions. Violence can have various forms:

- **Physical** - beatings, exposure to cold, pain relief, food denial, restriction of movement, etc.

- **Psychical** - swearing, insults, threats, humiliation, isolation from the outside world and close people, etc.
- **Financial and property abuse of seniors** - appropriation of a senior's pension, involuntary transfers of property, the pressure to change a will, restriction of property rights, etc.
- **Sexual abuse** - in many cases by strangers but also by family members
- **Negligence** - neglecting the senior's needs, failure to provide adequate assistance, insufficient diet, etc.

Naděžda Špatenková and Drahomír Ševčík (2011) present 3 components of domestic violence:

- **Partner violence** - this kind of violence takes place between partners; husband x wife, kind x companion, partner x partner.
- **Generational violence** - violence against parents committed by their adult or minor children.
- **Transgenerational violence** - violence against grandparents committed by their adult children or grandchildren.

Domestic violence usually involves manifestations of psychological violence, which most often take the form of humiliation, insults, rude behavior, and even threats, accusations, prohibitions, intimidation, extortion, destruction of endangered people. Physical violence is also a widespread form, in practice mainly represented by slapping, kicking, strangulation, beating with hands or objects, tying, threatening with a stab or firearm, denying sleep and food, as well as attacks on the life of a senior as an endangered person. Emotional violence usually includes continuous monitoring of the daily activities and contacts of the endangered person by a violent person, ridicule, emotional blackmail, threats of being thrown out of the home, and so on. However, domestic violence can also take the sexual violence forms endangered persons, sexual coercion and assault, etc.) or social violence (i.e., the prohibition of contact with family members and friends to socially isolate the elderly as an endangered person, use of children, or other persons as a means of coercion against the endangered person, etc.). Manifestations of economic violence cannot be overlooked - limiting the access of the endangered person to financial resources, failure to provide funds for a household or maintenance allowances over the income and expenses of the endangered person by a violent person, concealing the financial situation of a senior, etc. In the Czech Republic, domestic violence occurs as mental violence (100%) or physical violence (81%), usually in their combination.

Also, we were contacting NGO ROSA to answering this question. ROSA is a Czech non-profit and nongovernmental organization specializing in providing help to women, victims of domestic violence. This NGO targeted on senior population in 2013. They organized preventive action in retirement homes and the city districts. They also published short publication and leaflets with information on what to do and how to prevent before domestic violence and abuse.

As you can see table below, NGO Rosa had 11 women clients aged 51-55, 5 women clients aged 56-60, 2 women clients aged 66-70, and 2 women clients aged 71-75 in **2016**.

Age group	Women clients	%
15-19	2	0,56
20-25	12	3,39
26-30	24	6,78
31-35	49	13,84
36-40	86	24,29
41-45	79	22,32

46-50	20	5,65
51-55	11	3,11
56-60	5	1,41
61-65	0	0
66-70	2	0,56
71-75	2	0,56

Another statistic provide by NGO Life 90 is from its Senior help phone link in **2020**, subsequent women 60+

The EAN issue for women 60+ occurs on the line in 74 calls. It is 0,5 % of the total number of calls.

- Psychical: **48 %**
- Physical: **36 %**
- Neglect of care: **8 %**
- Financial exploitation, material abuse: **5 %**
- Loss of respect: **3 %**

From the perpetrator’s perspective

- family member: **60 %**
- partner: **35 %**
- neighbor: **5 %**

From the caller’s perspective:

- calling victims: **51 %**
- calling the witness (family member, friend): **49 %**

It is important to mention most received calls are more about the fact that women clients only want to confide in their suffering. Women do not want to deal with it with other official tools because they do not want to go against their children, and they are ashamed of the situation. The situation that women decide to deal with the abuse with the official tools happens to them (NGO) very rarely.

Further NGOs also offer help for Victims of Domestic Violence not only during the Quarantine. They offer non-stop SOS line, phone line, online counseling services. Vodafone Foundation and Hestia created Bright Sky App, and thanks to NGO ROSA is available in the Czech Republic. This application helps users to detect domestic violence and find help throughout the Czech Republic.

The Czech Government also fulfills an **Action plan for the prevention of domestic and gender-based violence for the years 2019 – 2022**. The action plan sets out the measure implementations, which improve the situation of all victims (men, women, children, seniors, and other groups). For example, one of the priorities in section number two is: “Ensuring sufficient attention to the needs of people facing multiple discrimination (people with disabilities, migrants, seniors, LGBTQ people, etc.).” (Action plan, page 31).

In 2009, the Institute for Criminology and Social Prevention published the study material Ill-treatment of the elderly with special regard to domestic violence. According to this material, the police record in crime statistics only those activities that are considered criminal offenses. There are currently only two criminal offenses in the Czech Criminal Code, which are more specifically focused on punishing individual ill-treatment within a narrower circle of persons with whom they coexist in their privacy. One of them is the criminal offense of torturing a person living in a shared apartment or house (Section 215a of the Criminal Code) (law in force since 1 June 2004).

According to the provided police documents, 189 persons became victims of this crime in approximately three and a half - years period (June 2004 to 2007).

Numbers of registered victims of crime aged 60+ by police in the period 1994 - 2007 in the Czech Republic, by age categories and sex of victims

Age of victims	Men		Women	
	Abs.	%	Abs.	%
60-69	17947	60,9	18367	52,5
70-79	8772	29,8	11982	34,2
80-89	2466	8,3	4309	12,3
90+	288	1,0	360	1,0
Total	29473	100,0	35018	100,0

According to the police documents, the victims of the criminal offense of **abuse of the entrusted person** (Section 215 of the Criminal Code) were 24 victims of this crime aged 60+ in the period 1994 - 2007. A quarter of these persons were men (25.0%, 6 persons) and three quarters were women (75.0%, 18 persons). About half of the victims were people over 60 years of age who were individuals in the age category 70-79 years (45.8%; 4 men and 7 women). Persons aged 60-69 were victims of this crime in quarter cases (25.0%, 6 persons), and persons 80+ by approximately 30% cases (29.2%, 7 persons). In this period, the police stated that 6 victims had been injured and one person had died.

If we monitor police data on criminal activity qualified as **abuse of a person living in a shared apartment or house** (Section 215a of the Criminal Code), police officers recorded in the Czech Republic during July 2004 to December 2007, 189 victims age 60+. Among these victims, individuals over the age of 70 accounted for almost half (47.1%, of which about 40% were over the age of 80). Among the 189 victims, most of them were women (90.0%), about 40% of the victims were injured (38.6%). One person died as a result of the crime.

In 2012, the Ministry of Justice of the Czech Republic registered the phenomenon of domestic violence in 619 cases (46 seniors) at risk, while in 87 cases, there was an intergenerational relationship between the perpetrator and the victim. In 2011, 566 cases (39 senior victims) of domestic violence were registered and in 79 cases, there was an intergenerational relationship between the perpetrator and the victim. In 2010, 434 cases (37 senior victims) of domestic violence were registered, and in 59 cases, there was an intergenerational relationship between the perpetrator and the victim. In this case, again, gender-segregated data were not available.

In connection with the elderly, it is also necessary to mention suicides, which are a serious socially negative phenomenon, and about which police sources also provide data. *The Pocket Yearbook of Crime* informed that in 2007, 1189 people committed suicide in the Czech Republic. Among them were almost half of the individuals aged 50 to 70 (45.4%, 540 individuals). More than a quarter of those identified as "old-age pensioners" were suicides in 2007 (28.5%, 339 people).

Please share information about reporting, accountability, remedy and protective mechanisms available and targeted to older women victims of gender-based violence and discrimination.

Currently, the Czech Republic has two national Action Plan for the prevention of domestic and gender-based violence for the period 2019 - 2022 and the Strategy for Equality between Women and Men for the coming years "Strategy 21+". However, none of these strategies primarily targets older women as a separate and particularly vulnerable people group.

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Annex C. In response to the ‘Call for contributions: The Human Rights of Older Women’ we wish to share some information referring to the ‘Economic, social and cultural realities lived by older women’, question Nr. 4.

Submitted by Elena Bendien, PhD, senior researcher at the Leyden Academy on Vitality and Ageing and a member of the ILC working group Women & Ageing

Our information is about the influence of menopause on the health and wellbeing of older women(-employees). Menopause is a natural transitional stage in the female life-course and is therefore not equivalent to a medical condition. Yet it has mainly been studied and described in the medical academic literature. The available research focuses on peri-, menopausal and postmenopausal symptoms related to this phenomenon and their influence on work ability of women. It addresses the possibilities for treatment if the symptoms are experienced as severe. There is no research that places the menopausal life-stages within the life-course perspective.²⁷ During- and because of menopause women can quit their jobs, lose their leadership positions, become chronically ill, be diagnosed with burnout; in short, their careers can suffer, and they can lose their self-confidence. The consequences of menopause stretch far beyond the postmenopausal age and also have an influence on the economic and personal wellbeing and health of women in old age. By paying attention to research on menopause as a female-specific transitional life-stage, we attend to the basic human rights of the middle-aged and older women: their right to health, work and wellbeing.

Why do we need to study and develop policies related to menopause?

The health and well-being of working women and women at the retirement age can depend on how they experience and live through all the stages of menopause.

General context

Developments on the labour market and the longevity revolution are the two main reasons that have influenced the length and intensity of women’s working lives.

Today almost 50% of the Dutch labour force consists of women.²⁸ The working population is represented by 4,7 million men versus 4,2 million women. This is a great achievement for the Netherlands, where, for a long time, women were exclusively involved in unpaid care work at home, and those who had a paid job were working part-time. Both trends have changed. For instance, more than a million women-employees in the Netherlands have a full-time job today.

In 2014, as a result of the longevity revolution and the increased financial pressure on the pension system, the Dutch government set the retirement age at 67 (compared to 65 before the reform). The prolongation of working life had immediate consequences for the life course of women. The female-specific transitional stage in the later life called menopause (all stages), has now become fully integrated in a woman’s working life. The total duration of menopause is estimated at 10-15 years.²⁹ On average menopause takes place at the age of 51. The peri-menopausal period can start up to 10 years before the menopause and the post-menopausal period can continue for 5 years or longer. In other words, when talking about menopause we are talking about a substantial period during a woman’s (working) life, that covers all the stages of menopause. The longer this stage, the higher

²⁷ Bendien, E., Van Gemert, I., Appelman, Y., & Verdonk, P. (2019). Werken aan de overgang. *Een Uitgebreide Literatuurstudie Naar Overgang, Menopauze, Gezondheid, en Werk*. doi:10.13140/RG.2.2.17688.03841

²⁸ Statistics Netherlands (CBS): <https://opendata.cbs.nl/statline/#/CBS/nl/dataset/82309NED/table?dl=3846E>

²⁹ Mishra, G., & Kuh, D. (2006). Perceived change in quality of life during the menopause. *Social Science & Medicine*, 62, 93–102. <https://doi.org/10.1016/j.socscimed.2005.05.015>

Sarrel, P. M. (2012). Women, work, and menopause. *Menopause*, 19, 250-252. doi:10.1097/gme.0b013e3182434e0c

the chances that the way how a woman experienced the menopausal stages will reflect on her health in old age.

How many Dutch women are we talking about?

As an age-group indication for the female labour force that can experience menopausal symptoms, we refer to the Dutch women-employees between 45 and 65 years old. In the Netherlands the working female population of this age-group consists of approximately 1,7 million women, which is 40% of the total female labour force.

Interest in this topic in the Netherlands can be called marginal until 2018, when several new studies were conducted and some well-organised public campaigns took place. Those events, e.g. employers-meetings or 'A week of the menopause', were organised by stakeholders-organisations that represent and stand up for the rights of women: [WOMEN Inc.](#), [Vuurvrouw](#), [the Dutch Society for Gender and Health](#), [the Dutch Menopause Society](#) and others.

Available Dutch studies

- I. The Dutch researcher and gynaecologist Marije Geukes and her colleagues published a number of articles based on the results of their research on the impact of (severe) menopausal symptoms on work ability.³⁰ Geukes et al. (2016) state that three quarters of the symptomatic menopausal Dutch women who are looking for professional help because of health complaints, suffer an increased risk of absence due to sickness, and possibly even early withdrawal from the labour market.
- II. A group of Dutch researchers from the Amsterdam University Medical Centre conducted a narrative literature study in 2018-2019, with the following research questions:
 - (i) What is the state of the art in literature regarding the relationship between menopause, work and health?
 - (ii) Which knowledge gaps can be identified?

This narrative literature review addresses the current state in academic research on menopause, work and health and identifies existing knowledge gaps on the topic. The literature search was conducted in PubMed, CINAHL, MEDLINE and ScienceDirect databases. The final set included only 36 academic articles, 27 additional articles related to the topic and 6 additional sources. The results were grouped thematically as follows: Menopause and (a) a lack of recognizing; (b) sick leave and costs; (c) work ability; (d) job characteristics; (e) psychosocial and cultural factors; (f) health; (g) mental health, and (h) coping and interventions. The authors concluded that research on the effect of menopause on work and health is still scarce. Work ability of women with severe menopausal complaints can be negatively affected. Due to taboo, menopause remains unrecognised and unaddressed within an organisational context. New theoretical and methodological approaches towards research on menopause, work and health are required in order to match the variety of the work contexts world-wide.

The results of the study have been submitted for publication and the reviewing process is in an advanced stage. The provisional date of publication is 2021.³¹ The article is based on the Dutch report 'Werken aan de overgang.

³⁰ Geukes, M., Van Aalst, M. P., Nauta, M. C. E., & Oosterhof, H. (2012). The impact of menopausal symptoms on work ability. *Menopause*, 19(3), 278-282. doi:10.1097/gme.0b013e31822ddc97

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³¹ Petra Verdonk, MA, PhD, Elena Bendien, MA, PhD, Yolande Appelman, MD, PhD. Menopause and work. A narrative literature review about menopause, work and health. Draft article.

Een uitgebreide literatuurstudie naar overgang, menopauze, gezondheid en werk' (Bendien et al., 2019), that can be downloaded [here](#).

- III. Unaddressed issues regarding menopause can result in negative outcomes in the long run. Firstly, a woman can decide to quit her job, rather than bringing up the issue with her (male) supervisor. That could deprive her of work satisfaction and could also weaken her economic position for the rest of her life. Secondly, the woman's health can be at stake. Some symptoms of cardiovascular diseases can occur during menopause and therefore remain unrecognised and untreated (Maas et al., 2021; Schipper and Louwers, 2021).³² Lancet launched the special Commission on women and cardiovascular disease that, among other topics, will focus on relations between CVD and menopause (Mehran et al., 2019).³³ Thirdly, menopause and burnout are easily confused, because health complaints associated with burnout can be similar to health complaints associated with menopause: fatigue, sleeping problems, cognitive problems such as concentration problems, a loss of memory, rumination and emotional problems, such as irritability and emotional instability (Dillaway, 2006; Verdonk, 2019).³⁴ Fourthly, there is a taboo regarding menopause. Many managers are unaware of the issues or do not know how to address them without falling into an ageist discourse or violating the privacy of their employees. The women usually keep silent, because they are afraid that the topic can damage their work position. This taboo has already been addressed in international academic literature (Hardy et al., 2019).³⁵ The fact that menopause is a sensitive topic to discuss is partly the result of ageist or discriminating attitudes towards women, who in many cases tend to consider themselves less worthy for the rest of their lives because of the loss of their fertility or as a result of vasomotor symptoms like hot flashes, that can occur unexpectedly at work (Gatrell et al., 2017).³⁶ There are several Dutch studies that are currently being prepared for publication or are in the review process as we speak, that address the problem of silencing women who experience menopause.³⁷ The practices that have been studied show that silencing is not always imposed from outside, but is internalised by women due to their cultural environment, upbringing and sometimes their beliefs.

Good practice

One of the questions that some employers ask is which interventions can be used at work in order to help the female employees during the various menopausal stages. We gladly refer to good practice based on

³² Schipper, I., & Louwers, Y. V. (2021, January). Premature and Early Menopause in Relation to Cardiovascular Disease. In *Seminars in Reproductive Medicine*. Thieme Medical Publishers, Inc.

Maas, A. H., Rosano, G., Cifkova, R., Chieffo, A., van Dijken, D., Hamoda, H., ... & Collins, P. (2021). Cardiovascular health after menopause transition, pregnancy disorders, and other gynaecologic conditions: a consensus document from European cardiologists, gynaecologists, and endocrinologists. *European Heart Journal*, 42(10), 967-984.

³³ Mehran, R., Vogel, B., Ortega, R., Cooney, R., & Horton, R. (2019). The Lancet Commission on women and cardiovascular disease: time for a shift in women's health.

³⁴ Dillaway, H. (2006). When does menopause occur, and how long does it last? Wrestling with age and time-based conceptualizations of reproductive aging. *NWSA Journal* 18(1), 31-60.

Verdonk, P. (2019). Werkstress, overspannenheid en burn-out. In: T. van Amelsvoort, M. Bekker, J. van Mens-Verhulst & M. Olf (Eds.) *Handboek Psychopathologie bij vrouwen en mannen* (pp. 379-390). Amsterdam: BOOM.

³⁵ Hardy C, Griffiths A, Thorne E, Hunter M. Tackling the taboo: talking menopause-related problems at work. *International Journal of Workplace Health Management* 2019; 12: 15-27.

³⁶ Gatrell C, Cooper C, Kossek E. Maternal bodies as taboo at work: New perspectives on the marginalizing of senior-level women in organizations. *The Academy of Management Perspectives* 2017; 31: 239-252.

³⁷ Bendien E., Verdonk, P. Embedded and embodied practices of silencing: looking for a voice for maternal caring bodies in the workplace. (Under review)

Hamed L, Bendien E, Hedwig M, Verdonk P. When the cycle of the month has ended, a new life stage begins.' A qualitative study of Moroccan-Dutch women's and General Practitioners' understanding of menopause. (In progress).

intervention, directed at women-employees, as described in full detail in the article published by colleagues in 2020 (Verburgh et al., 2020).³⁸

A new medical profession, followed by a new educational course, called 'overgangsconsulent', which can be translated as menopause-adviser, was introduced in the Netherlands as of 2000. These advisers are in fact nurses, who received a special training on menopause, its symptoms and possible treatments. Today the menopause-advisers in the Netherlands have their [own professional organisation](#). They work closely together with general practitioners, occupational therapists and they have often consultation hours in large companies.

Positive direction

Since 2018 more attention is being paid to the topic 'menopause' in Dutch society. There is still a lot to be done. For instance, in 2020 a literature study was published by the prestigious National Institute for Public Health and Environment, commissioned by the Ministry of Health, Welfare and Sport on the topic 'Menopausal complaints and work'.³⁹ The conclusions confirm the findings of our own literature study about the necessity of a new research agenda, that will target not only the treatment of symptoms, but will engage with the knowledge gaps that occupational therapists, employers and the women themselves experience when trying to cope with this natural stage in their lives.

The Christian National Trade Union Federation (CNV) conducted research on the topic '[Menopause and Work](#)' (2021) among 2.962 Dutch women.⁴⁰ Around 60% of the participants experience the combination of work and menopause as burdensome. Almost 10 % of the participants were diagnosed with burnout and about 30% came close to this diagnosis. The CNV intends to provide support to both employers and employees regarding menopause. The details of this support are currently being developed.

Academic research and the work that is done by public organisations to raise awareness about the importance of timely addressing menopause as a transitional stage in women's lives are having a positive influence on Dutch politics. In December 2020 the Dutch parliament voted for the [motion](#) about the taboo regarding menopause at work. The motion instructs the government to investigate the impact of this taboo on the labour market and the ways in which the taboo can be suppressed. The research is to be carried out together with the social partners and fill in the knowledge gaps about the subject for the professionals as well as for women themselves.

³⁸ Verburgh, M., Verdonk, P., Appelman, Y., Brood-van Zanten, M., & Nieuwenhuijsen, K. (2020). "I Get That Spirit in Me"—Mentally Empowering Workplace Health Promotion for Female Workers in Low-Paid Jobs during Menopause and Midlife. *International Journal of Environmental Research and Public Health*, 17(18), 6462.

³⁹ https://www.rivm.nl/sites/default/files/2020-04/Literatuurverkenning%20naar%20overgangsklachten%20en%20werk_20191213_DEF%20%20beveiligd.pdf

⁴⁰ <https://www.cnv.nl/actueel/nieuws/nieuwsdetail/cnv-onderzoek-meerderheid-vrouwen-in-menopauze-zit-klem-op-het-werk/>